

Aged Care Quality and Safety Commission

Sector performance report

April-June 2022



Australian Government

Aged Care Quality and Safety Commission

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Sector performance report

April-June 2022

Purpose of this report

This report provides information, data and insights into provider performance 1 April–30 June 2022 (quarter 4). It draws on information collected through the Commission's activities including:

- approving organisations to deliver aged care services
- independently accrediting, assessing, monitoring and re-accrediting aged care services subsidised by the Australian Government
- resolving complaints about aged care services
- responding when providers are non-compliant with their legislated responsibilities and holding them to account for their performance.

The information and data presented reflect our commitment to evaluate and treat risks to the health, safety and wellbeing of older Australians. We prioritise our efforts where that risk is greatest. Sometimes, we will redirect resources from planned activities to matters that arise quickly and unexpectedly, for example, to monitor and support services impacted by COVID-19 or natural disaster events. We do this by:

- assessing risk
- deciding the most effective treatment response to the risk
- responding to the risk.

Notes on data

Sector performance data is extracted at a point in time from Commission systems.

Reported figures may be superseded as database records are updated.

As the Commission systems are updated regularly, the published numbers for previous

quarters may slightly differ in this report where the same periods are quoted here for comparisons.

The information corresponding to the count of services (residential care and home services) was extracted from the Commission systems on 15 July 2022.

The residential care consumer data from May 2022 was extracted from Commission systems. State is based on the service state.

Home care packages consumer data is derived by service state for May 2022, extracted from Commission systems.

CHSP consumer data is derived by consumer state from the 2020-21 Financial Year, extracted from Commission systems.

Where a consumer changed services, they may be counted across multiple states. The sum of the state totals may therefore exceed the total national count. Previously the state was derived from CHSP Outlet/Service state, however this was changed to the consumer state in line with other Gen-Aged Care reporting.

Reportable incident data as of 30 June 2022 was extracted from Commission systems on 4 August 2022. Reported figures may change as database records are updated.

Data about quality assessment and monitoring activities and outcomes in this report includes care delivered flexibly (for example, services provided through Short-Term Restorative Care).

Note on National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) data

Sector performance data about the NATSIFACP is reported on an annual basis.

Sector performance overview

April-June 2022

Aged care services in Australia

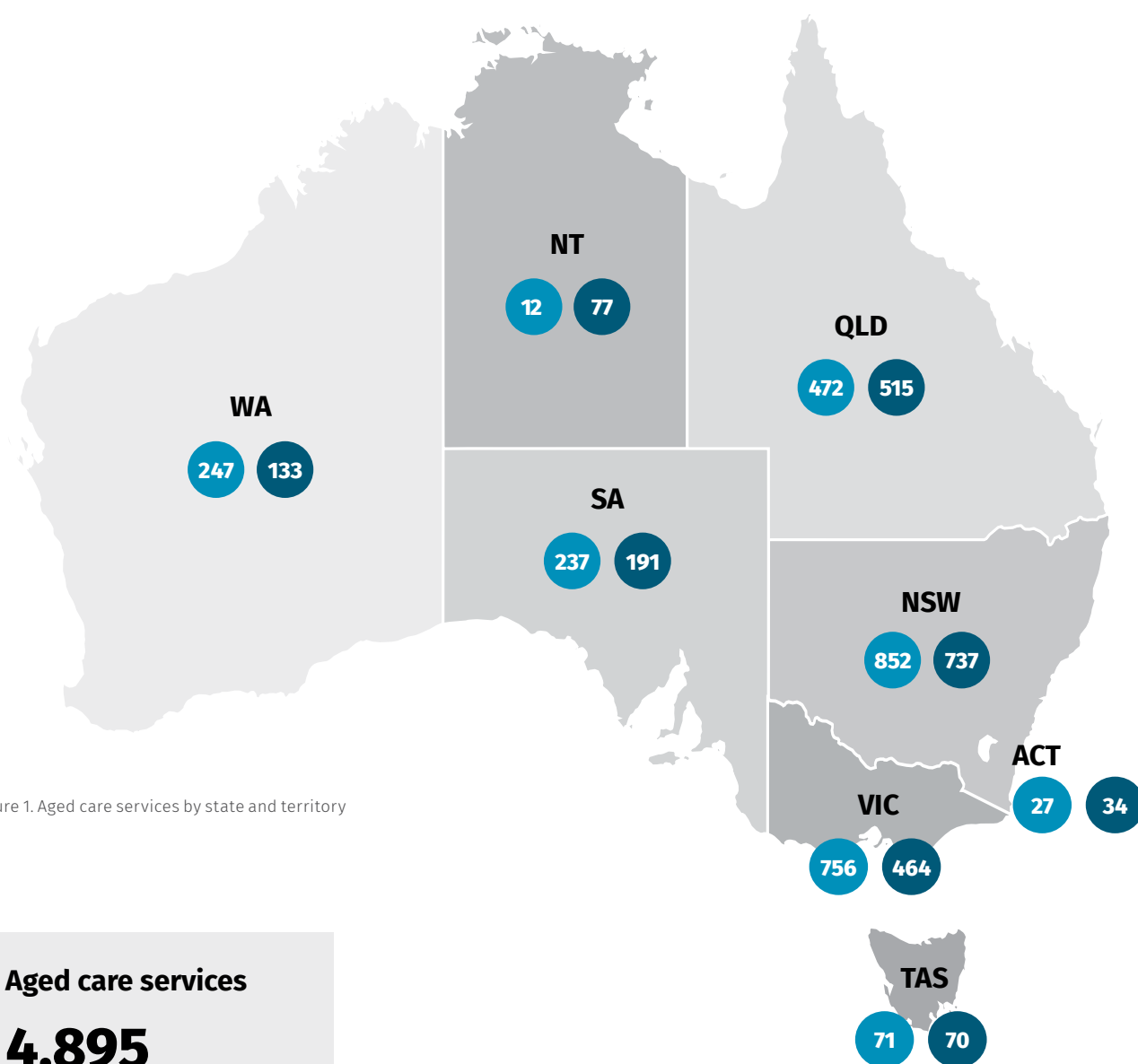


Figure 1. Aged care services by state and territory

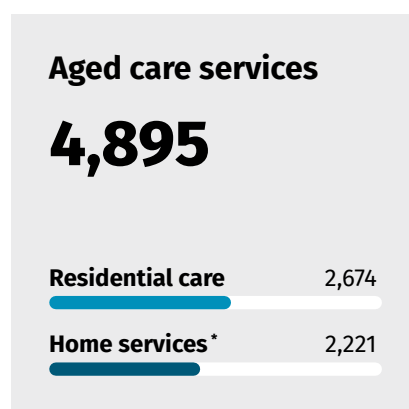


Figure 2. Aged care services

* Home services include home care packages, Commonwealth Home Support Programme (CHSP) services and flexible care and services delivered in a home setting

- Residential care services
- Home services

Sector performance overview

April-June 2022

Aged care consumers*

187,977

Residential care

217,051

Home care packages

825,384

Commonwealth Home
Support Programme

Figure 3. Aged care consumers

* See Notes on data on [page 3](#)

Provider approvals



54

Applications to become
an approved provider[†]

Care types approved[‡]

4

Residential care 1

Home care 3

Flexible care 0

Accreditation and reaccreditation



7

New residential
services accredited

302

Residential services
re-accredited



Figure 4. Provider approvals

[†] An application can be for residential, home care or flexible care, or any combination of these care types. For this reason, when broken down into care types, application totals are not cumulative

[‡] Care types approved may include those that were made in previous quarters

Figure 5. Accreditation and reaccreditation

Sector performance overview

April-June 2022

Complaints about aged care services

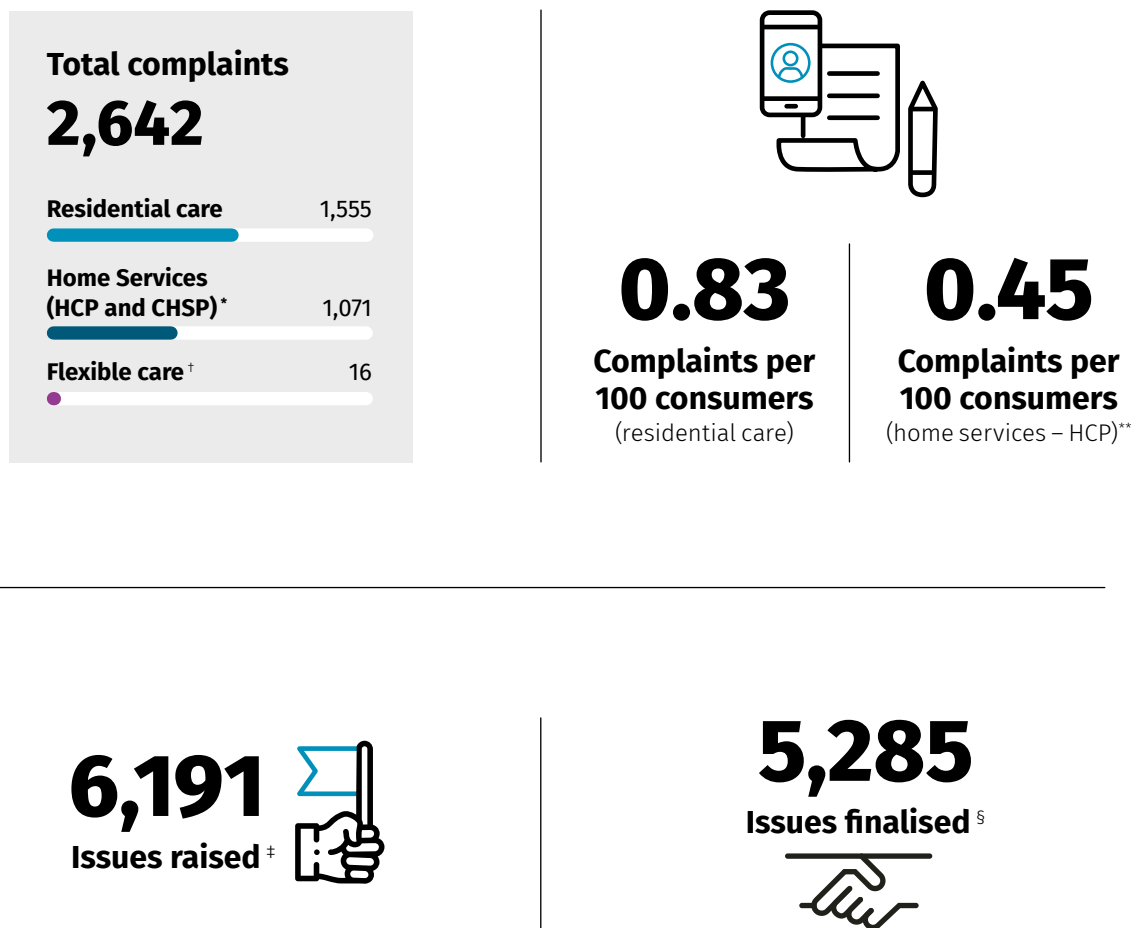


Figure 6. Complaints about aged care services

* Includes home care packages and CHSP

** Rate is derived from HCP consumers and complaints only. CHSP specific data is being considered for inclusion in subsequent publications

† Includes short term restorative care, transition care, multi-purpose services and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program

‡ Includes issues raised in complaints related to residential care, home services and flexible care

§ May include those that were raised in previous quarters

Sector performance overview

April-June 2022

Reportable Incidents



Unreasonable use of force 6,265

Neglect 1,604

Psychological or emotional abuse 914

Unlawful sexual contact or inappropriate sexual conduct 452

Unexplained absence 434

Unexpected death 188

Stealing or financial coercion 135

Inappropriate restrictive practices 127

Sector performance against the Aged Care Quality Standards



619

Site visits*

(residential care and home services)

217

Services where non-compliance was found against at least one Quality Standard†

Most common requirement of the Aged Care Quality Standards that providers did not comply with



Residential care: 3(3)(a) Safe and effective personal and clinical care

Home services:

8(3)(c) Effective governance systems

2(3)(b) Assessment and planning identifies current needs

2(3)(a) Assessment and planning informs safe and effective services

Figure 7. Number of Priority 1 and Priority 2 reportable incident notifications received by the Commission, under the Serious Incident Response Scheme (SIRS) in quarter 4

Figure 8. Sector performance against the Aged Care Quality Standards

* Includes site visits conducted through site audits, performance assessments, monitoring contacts and quality audits for residential and home services

† Includes residential and home services

Sector performance overview

April-June 2022

Managing non-compliance



77

Directions



50

**Non-Compliance
Notices**



3

**Incident Management
Compliance Notices**



1

**Restrictive Practices
Compliance Notice**



20

Notices to Agree



8

Sanctions

Figure 9. Enforceable regulatory actions undertaken in home services and residential care

Residential care sector performance

April-June 2022



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Applications to become an approved provider

What were the outcomes of applications to be an approved provider of residential care?

An application can be made for approval to provide home care, residential care, flexible care or any combination of these care types.

In quarter 4 the Commission received **2** applications to become an approved provider of residential care. It approved one application and did not approve **4** applications (outcomes may relate to applications made in previous quarters). The increase in applications received in quarter 2 occurred in the 6 weeks prior to introduction of an application fee.

An application that did not proceed is one that was either:

- returned to the applicant as incomplete, or
- withdrawn.

The outcomes of applications (for example 'did not proceed') are counted for each type of care included in the application. Outcomes may relate to applications that were received in previous quarters.

Applications received

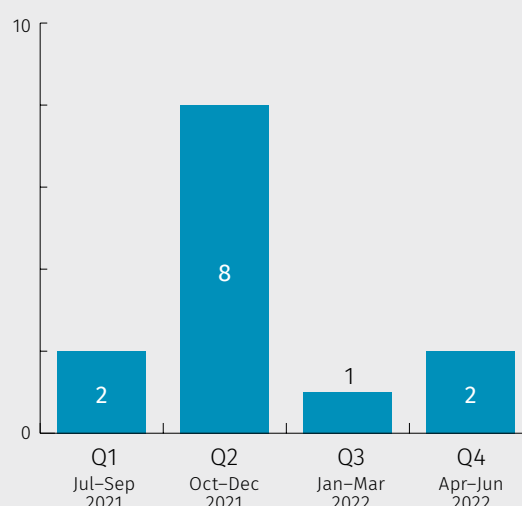


Figure 10. Number of applications received by the Commission in the past 4 quarters

Application outcomes

	Q1	Q2	Q3	Q4
Approved	0	2	0	1
Not approved	1	2	2	4
Did not proceed	3	2	0	0

Figure 11. Provider applications and approvals

Application outcomes may relate to applications that were received in previous quarters

Complaints

Under the Aged Care Quality Standards, all providers are required to have a complaints system in place to resolve complaints locally.

A complainant may also (or instead) choose to lodge a complaint about a service with the Commission. The Commission takes all complaints seriously and works with providers and consumers to resolve the matter. Complaints to the Commission inform our understanding of risk to consumers and can influence our regulatory activities.

How many complaints were made about aged care services?

Low or high complaint numbers are not, by themselves, a measure of good or poor service delivery. A service with a positive complaints culture encourages feedback and uses it as an opportunity to improve service delivery. The Commission is working with consumers to improve their confidence in raising concerns and complaints with providers or with the Commission.

The figure to the right shows the number of complaints received about residential aged care for quarter 4 compared with the previous 3 quarters. In quarter 4 there were **187,777** residential aged care consumers. The Commission received **1,555** complaints comprising **4,215** issues.



Figure 12. Number of complaints received by the Commission in the past 4 quarters

Residential care sector performance

April-June 2022

How many complaints were made in each state and territory?

The table below shows the number of complaints made about residential care in each state and territory. It also displays the total number of complaint issues (a complaint can be about more than one issue) and presents a ratio of complaints per 100 aged care residents in each state and territory.

Complaints about residential care

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Number of residential consumers	61,134	48,402	37,810	16,405	16,808	4,563	517	2,338	187,977
Complaints received	523	444	297	129	107	36	4	15	1,555
Number of issues	1,609	1,083	706	367	294	75	16	56	4,215
Ratio of complaints per 100 residents*†	0.86	0.92	0.79	0.79	0.64	0.79	0.77	0.64	0.83

Figure 13. Residential care complaints by state and territory in quarter 4

* Ratios are calculated based on the total number of complaints received throughout the quarter and the number of consumers as of 30 June 2022

† Where there are relatively few aged care residents – such as in the Northern Territory – even a small change to the total number of complaints received in a quarter can significantly impact the ratio of complaints per 100 residents

The figure to the right shows that the rate of complaint issues per 100 consumers has fluctuated slightly over the 4 quarters.

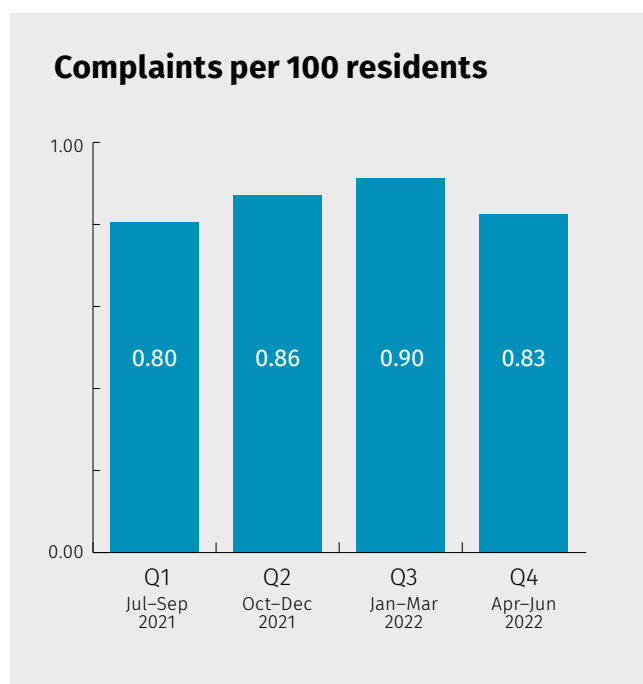


Figure 14. Complaints received in the past 4 quarters, per 100 residential care consumers

Residential care sector performance

April-June 2022

How many services had complaints made about them?

The Commission received complaints about **902** residential care services in quarter 4. There were **1,772** services that were not the subject of a complaint in the period.

Residential services subject of complaints to the Commission

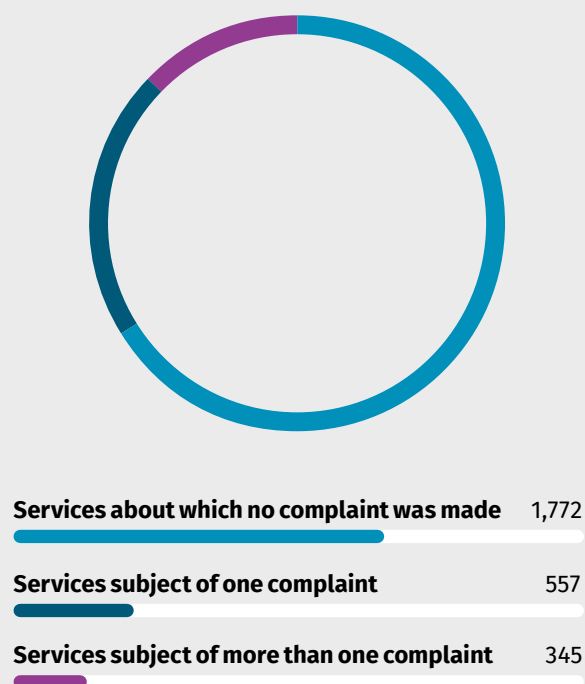


Figure 15. Complaints by service

Residential care sector performance

April-June 2022

Who makes complaints?

This graph shows the number of complaints received by the Commission about residential care, by who made the complaint. Representatives or family members make most complaints about residential care services. Consumers of those services make the least.

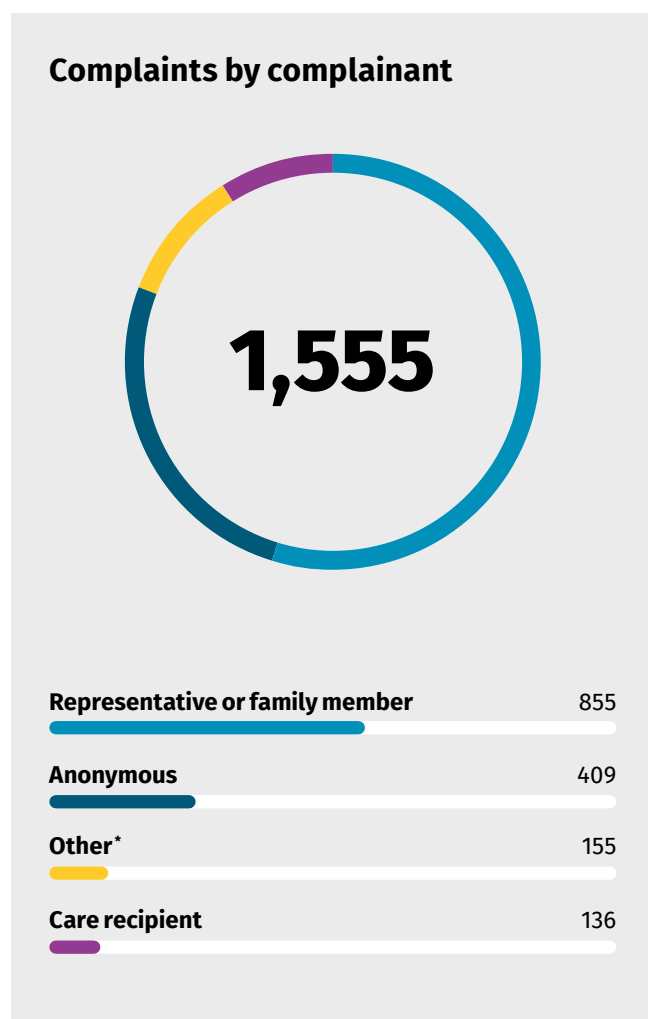


Figure 16. Complaints by complainant

* Other include staff, external agency, media, internal referrals, or provider

What are complaints about?

This graph shows the top 10 most frequent complaint issues received about residential care during the reporting period, compared with the previous three quarters. Complaints about medication management and administration, personal and oral hygiene and staff numbers are consistently the three most complained about issues. Complaints about the cleanliness of the service (physical environment) made the top 10 for the first time in quarter 4.

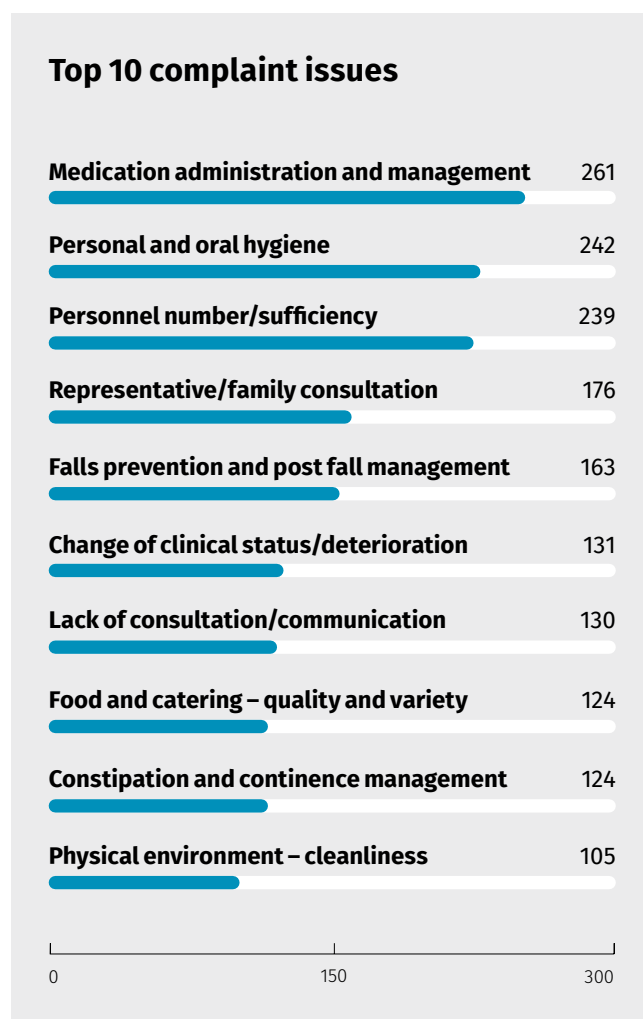


Figure 17. Top 10 complaint issues

Residential care sector performance

April-June 2022

Finalised complaints

The Commission finalised **1,457** complaints about residential care this quarter.

How were complaint issues finalised?

Before a complaint is finalised, the Commission talks to all parties to explain the Commission's findings and how the issues have been resolved. The Commission also provides written feedback in relation to all complaints, except where the complainant is satisfied to close the complaint and does not require a letter.

The figure to the right shows the top 5 reasons for finalising complaint issues over the period.

The data includes complaints where all individual issues which make up the complaint have been resolved, and so the complaint as a whole has been finalised.

Complaints resolved 'to the satisfaction of the complainant' indicate the person making the complaint is satisfied their issues have been heard and addressed. Some complaints are not resolved 'to the satisfaction of the complainant' for reasons which do not necessarily mean that the complainant is not satisfied. These include anonymous complaints and complaints which have been withdrawn.

Some issues are raised by complainants more than once, in one or more separate complaints. Some issues raised by complainants may also be the subject of compliance or quality assessment and monitoring activities. Where an issue has been dealt with or is being dealt with in another complaint or through the Commission's regulatory activities, the Commission may finalise the issue.

How complaint issues were finalised

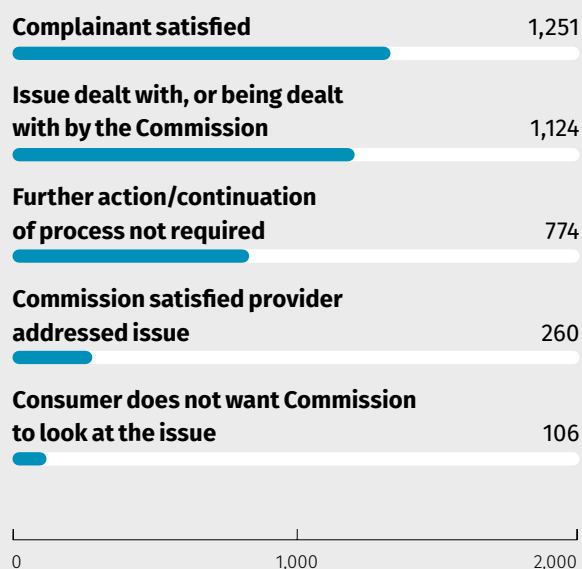


Figure 18. Top 5 reasons complaint issues were finalised

In some cases, having regard to all the circumstances, no further action in relation to an issue is required by the Commission. Complaint issues may be finalised in this way when, for example, the issue is not ongoing and there is no outcome that can be achieved by continuing the process.

Issues 'resolved to the satisfaction of the Commission' include those where the Commission concludes that the provider has met its responsibilities or has taken appropriate action to address the concerns. The Commission is satisfied that the provider has met its responsibilities, but the complainant may remain unsatisfied.

Preventing and responding to serious incidents

Since 1 April 2021, through the Serious Incident Response Scheme (SIRS), providers have been required to notify the Commission of [8 types of reportable incidents](#). This includes incidents that occur, or are alleged or suspected to have occurred, and includes incidents involving a consumer with a cognitive or mental impairment (such as dementia).

The aim of SIRS is to reduce the occurrence of serious incidents in residential aged care and improve providers' responses when they do occur. Reducing the chance of a serious incident occurring requires providers to identify, manage and mitigate risks to consumers, to learn from every incident and to introduce preventative measures to avoid any recurrence.

The SIRS complements existing provider responsibilities to prevent and manage incidents of abuse and neglect in aged care by establishing responsibilities for providers to notify the Commission of serious incidents involving consumers, and to use incident data to drive quality improvement.

Where the provider fails to take required actions following reporting an incident to the Commission, or where the Commission identifies a provider's non-compliance with its responsibilities, we can respond using any of a range of regulatory powers (see [page 18](#)).

The scheme provides the Commission with intelligence on provider performance that, when combined with other Commission data, assists us to better identify and manage provider and service level risk.

At a sector-wide level we also use this data to shape our initiatives including education, information and guidance for consumers and providers to better understand and manage common risks that impact the quality and safety of care.

Reportable incident notifications

Providers must respond to all incidents to ensure the safety, health and wellbeing of those affected.

Priority 1 reportable incidents must be notified to the Commission within 24 hours of the provider becoming aware of the incident.

Priority 1 reportable incidents are incidents:

- that have caused or could reasonably have been expected to cause, a consumer physical or psychological injury or discomfort that requires medical or psychological treatment to resolve
- where there are reasonable grounds to contact the police (this is taken to include all incidents involving alleged, suspected or witnessed sexual assault)
- where there is the unexpected death of a consumer or a consumer's unexplained absence from the service.

Priority 2 reportable incidents are those that do not meet the criteria for a Priority 1 reportable incident. They are notified to the Commission within 30 days of the provider becoming aware of the incident.

The Commission reviews all incident notifications within 24 hours of receipt and will take appropriate and proportionate action as required.

Residential care sector performance

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Figure 19 shows the breakdown of reportable incidents notified to the Commission in this quarter.

Reportable incident notifications (Priority 1 and Priority 2)

Reportable incident	Priority 1	Priority 2	Total
Unreasonable use of force	1,969	4,296	6,265
Neglect	607	997	1,604
Psychological or emotional abuse	177	737	914
Unlawful sexual conduct or inappropriate sexual contact	201	251*	452
Unexplained absence	371	63†	434
Unexpected death	179	9†	188
Stealing or financial coercion	66	69	135
Inappropriate restrictive practices	24	103	127
Total	3,594	6,525	10,119‡

Figure 19. Number of Priority 1 and Priority 2 reportable incidents received by the Commission in quarter 4

* The Commission reviews and assesses all notifications of unlawful sexual conduct or inappropriate sexual contact within 24 hours to determine risk to the consumer. Assessed risk is different from, and not dependent on, the priority classification type. The Commission clarified guidance for providers to report incidents relating to unlawful sexual contact to the police. We are working with the Department of Health and Aged Care to ensure that in the future providers can only select Priority 1 for this incident type

† By definition, notices of unexplained absences or unexpected deaths are Priority 1 and cannot be Priority 2. These notices are recorded in this table as Priority 2 as this was the classification selected by the provider when submitted after 8pm on 27 February 2022

‡ Three notifications have no reported classification and have not been included in this table

Note: Notifications made between 1 April 2021 and 8 pm on 27 February 2022 were assessed by the Commission as Priority 1 or Priority 2 based on information providers supplied in the notification. From 8pm on 27 February 2022 onwards, providers assigned a notice as Priority 1 and Priority 2 in the My Aged Care portal

Source: Unpublished data as of 4 August 2022

Commission responses to reportable incident notifications

The Commission reviews all notifications (P1 and P2) within 24 hours of receipt to assess the risk to consumers and whether a provider's actions were adequate. We consider all information available to us when deciding if a provider is able to manage risk and reduce the likelihood of an incident re-occurring. This includes reviewing all notifications at a provider and/or service.

In responding to an incident, the Commission may provide guidance and education to build the capacity of providers to develop effective systems to prevent and respond to incidents. The Commission may also engage with the provider regarding concerns and seek information to enable us to further understand risk and adequacy of provider actions. During this monitoring process, the provider may satisfy the Commission that it has identified and taken appropriate actions to address risks or has improved its response to the incident.

Where the provider has not satisfied the Commission that it has identified and taken appropriate actions, we may require the provider to complete remedial actions or to undertake an investigation into the incident. The Commission may also investigate the most serious reportable incidents.

Commission regulatory and enforcement responses to reportable incidents*

907



Figure 20. Commission actions in dealing with SIRS notifications in quarter 4

Source: Unpublished data as at 4 August 2022. This data was compiled from multiple sources which, in some instances, cannot be further broken down as the data is not stored in the Commission system.

* Multiple regulatory responses may be taken in response to a single notification. A regulatory response may also be undertaken in relation to provider responsibility information received by the Commission

† May include the use of powers/instruments under the Act or administrative request for further or missing information

‡ The Commission directed actions including but not limited to remedial action, investigation and written report

§ Includes investigations underway or concluded in the reporting period. Investigations can include a site visit and ongoing monitoring

^ Includes compliance notices, notices to agree and sanctions

Where the provider has failed to take required actions following engagement with the Commission, or where the Commission identifies a provider's non-compliance with its responsibilities, the Commission can respond using any of a range of regulatory powers. The response to non-compliance will be appropriate to the level of severity and immediacy of the risk to consumers and will consider the most effective way to ensure that the provider complies with its responsibilities in a timely manner.

Quality assessment and monitoring

The [Aged Care Quality Standards](#) are a set of 8 standards used to determine the performance of an aged care service. They focus on outcomes for consumers and reflect the level of care and services the community can expect from organisations that provide Australian Government subsidised aged care.

Accreditation seeks to assess the quality of residential care and services delivered by approved providers against the Quality Standards. The process contributes to improved safety, quality and continuous improvement of residential care services.

Residential services must be accredited to receive Australian Government subsidies. The accreditation of services includes the accreditation of commencing services and the re-accreditation of accredited or previously accredited services. Unannounced site audits of a service are conducted following an application for re-accreditation.

Accreditation is also supported by risk-based monitoring activities (assessment contacts and review audits) that check providers' ongoing compliance with their aged care responsibilities, including the Quality Standards. Some assessment contacts are carried out onsite, while others are carried out offsite and may include activities and surveys in response to risks as they arise.

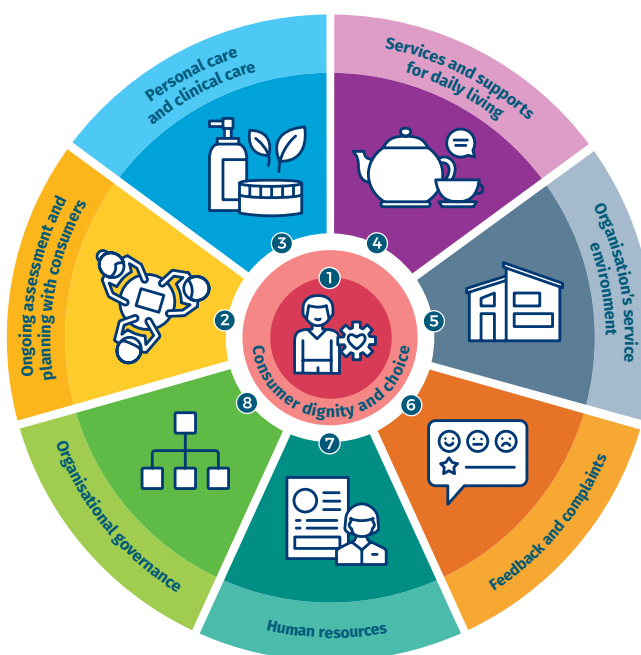


Figure 21. The Aged Care Quality Standards

Residential care sector performance

April-June 2022

How many site audits were carried out?

Data for this reporting period reflects a significant increase in site audits. The Commission doubled the volume of completed site audits compared with the previous quarter.

This was facilitated by increases in the available registered quality assessors, as well as increased onsite access to services following the disruption created by COVID-19 and flooding events in New South Wales (NSW) and Queensland (QLD). The increase in site audits this quarter resulted in increases to the number of services reaccredited in quarter 4 (see Figure 26), as well as an increase in findings of non-compliance and the related regulatory and enforcement actions (see Figures 30, 31, 35 and 37).

The table below shows the total number of site audits by state and territory conducted by registered quality assessors in quarter 4.

Reaccreditation or accreditation site audits

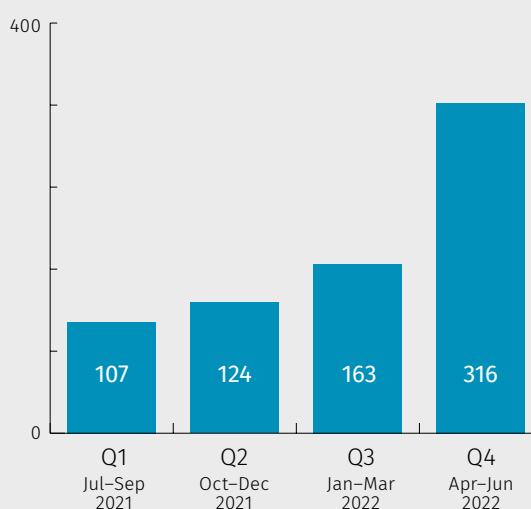


Figure 22. Site audits in the past 4 quarters

Number of site audits by state/territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Site audits	119	90	56	25	18	2	4	2	316

Figure 23. Site audits by state and territory in quarter 4

Residential care sector performance

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Risk-based monitoring activities

As we have adjusted our regulatory activities to focus on onsite audits, we have also reduced the number of offsite assessments to **294**. The higher number (3,318) of offsite assessments in quarter 3 was due to the Commission's use of provider surveys and telephone contacts. These were done to better understand the impact of COVID-19 and the flooding events on the health and safety of residential aged care consumers and the ability of exposed services to respond.

Assessment contacts are activities conducted by the Commission to monitor the quality of care and services provided by providers of aged care services.

An assessment contact may occur to:

- assess performance against the Aged Care Quality Standards in relation to a service
- monitor the quality of care and services provided through a service.

Offsite assessment contacts include telephone contacts in response to a specific issue at a service, or a program of surveys or telephone contacts deployed in natural disaster events to co-ordinate information and oversee risks. The figure below shows the number of onsite activities by state and territory in quarter 4.

The table below shows the total number of onsite and offsite assessments conducted in quarter 4. One review audit was conducted this quarter.

Number of assessments and review audits

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Total assessment contacts	197	66	142	36	33	4	5	9	492
Assessment contacts (offsite)	95	46	110	15	20	1	3	4	294
Assessment contacts (onsite)	102	20	32	21	13	3	2	5	198
Review audits	0	0	1	0	0	0	0	0	1

Figure 24. Assessment contacts and review audits, by state and territory

Onsite performance assessment activities by state and territory

This quarter, the Commission conducted 515 onsite contacts with residential services through site audits, assessment contacts and review audits.



Figure 25. Onsite quality assessment and monitoring activities by state and territory in quarter 4

Residential care sector performance

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How many services were accredited or reaccredited in this quarter?

Residential services must be accredited to receive residential care subsidies from the Australian Government. Accreditation is for a fixed period and a residential service must undergo a comprehensive site audit for reaccreditation.

Accreditation applies to newly commencing services, while reaccreditation applies to accredited or previously accredited services. Reaccreditation is most often for a period of 3 years.

In this quarter, the Commission reaccredited **254** services for 3 or more years and **48** services for less than 3 years.

The figures on this page show the number of residential services in each state and territory that were accredited or reaccredited in quarter 4, and the trends for the past 4 quarters. The higher number of services reaccredited reflects the increased number of site audits conducted over the period.

Services reaccredited

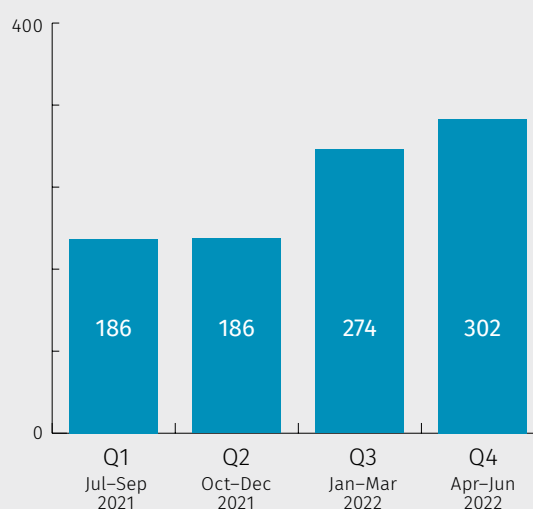


Figure 26. Services reaccredited in the past 4 quarters

Accreditation Decisions	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Newly accredited	2	2	2	0	1	0	0	0	7
Reaccredited	102	88	51	24	23	6	4	4	302
Reaccredited for 3 years or more	73	84	46	23	18	3	3	4	254
Reaccredited for less than 3 years	29	4	5	1	5	3	1	0	48
Accreditation period reduced*	0	0	0	0	0	0	0	0	0

Figure 27. Accreditation and reaccreditation by state and territory in quarter 4

* For residential services where a review audit has been completed, the Commission may decide to take enforceable regulatory action in some circumstances. This may include, for example, to reduce the period of accreditation of the service

Residential care sector performance

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Regulatory response to COVID-19 pandemic risks

The Commission continued its focus on the regulatory risks associated with the COVID-19 pandemic. To ensure providers were keeping aged care consumers safe, the Commission used targeted regulatory activities to monitor infection control preparedness and outbreak management team meetings (OMTs).

In this quarter we attended **1,465** OMTs Australia-wide of which **606** were in NSW. Our attendance at OMTs reduced this quarter reflecting the fact that health authorities were holding fewer meetings between the two COVID-19 'waves'.

The Commission received fewer complaints related to COVID-19 this quarter and there were fewer complaint issues related to visitor restrictions, as accessibility increased.

Top 10 COVID-19 related complaint issues

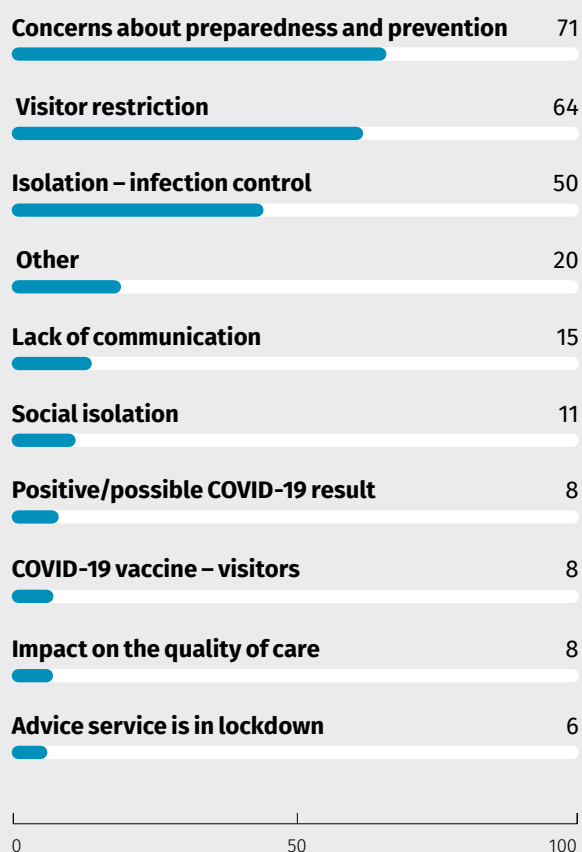


Figure 28. Top 10 COVID-19 related complaint issues

Number of outbreak management team meetings attended in each state/territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Outbreak management team meetings	606	70	360	211	107	106	0	5	1,465

Figure 29. Outbreak management team meetings attended in quarter 4

Residential care sector performance

April-June 2022

How did approved providers perform in relation to each of the Aged Care Quality Standards?

An approved provider may operate one or more services. Consistent with increased site audits this quarter, the Commission found more services to be non-compliant than in previous quarters.

176
Services where non-compliance was found



Figure 30. Non-compliance with the Aged Care Quality Standards in quarter 4



Figure 31. Non-compliance with the Aged Care Quality Standards in the past 4 quarters

Residential care sector performance

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A provider can be found non-compliant with more than one Quality Standard at a service. The figure below shows whether the non-compliance was with very few, some, or many/all of the requirements of each Quality Standard.

The figure below shows non-compliance was most frequent in relation to Quality Standard 3 (Personal care and clinical care), Standard 8 (Organisational governance) and Standard 7 (Human resources). Most instances of non-compliance were due to providers failing to comply with one, 2 or 3 requirements of that Standard. These findings are consistent with previous quarters.

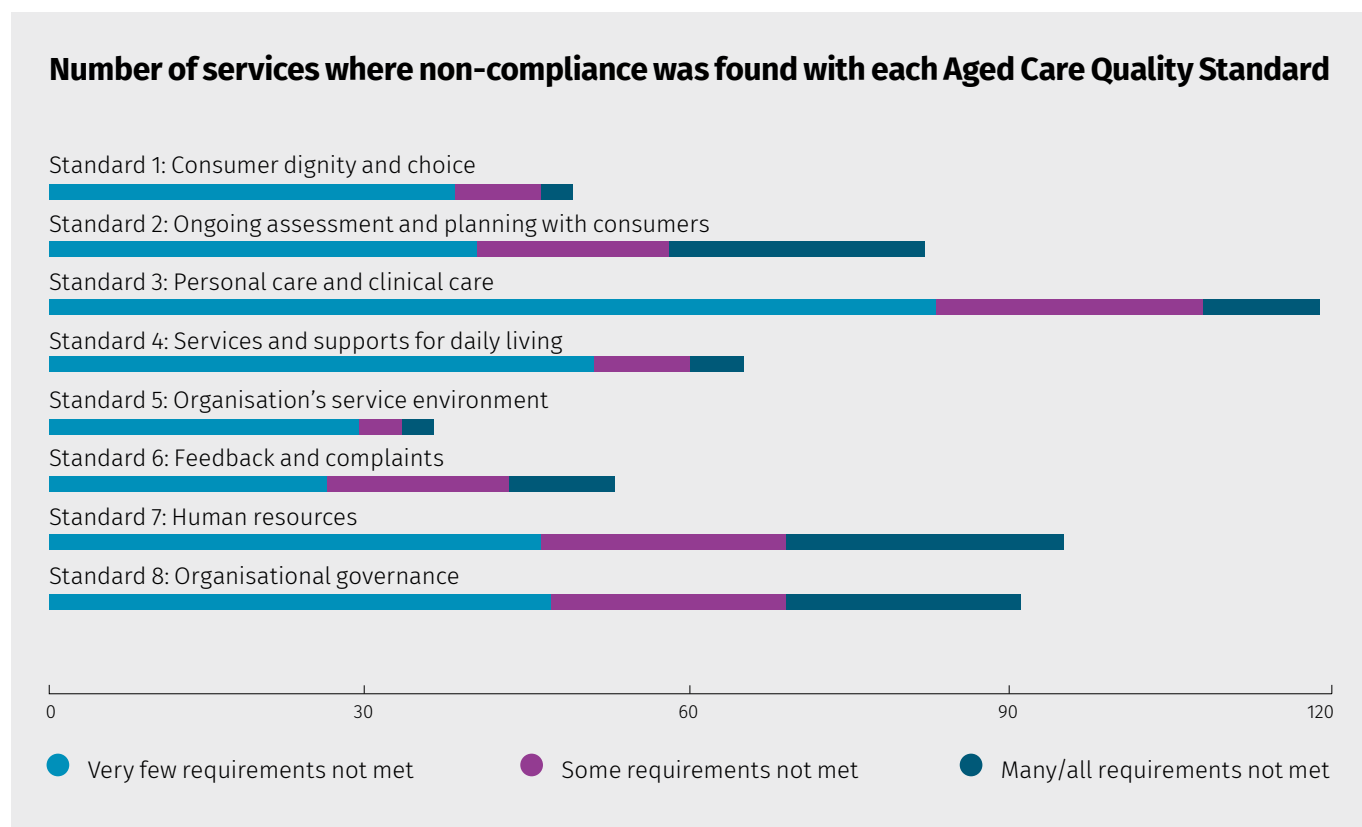


Figure 32. Total number of services where non-compliance with the Aged Care Quality Standards was found in quarter 4

See Note on definitions ([page 51](#)) for an explanation of very few, some, or many/all

Non-compliance with one requirement means that Quality Standard will not be met. An approved provider can be found non-compliant with more than one Quality Standard at a single service

Residential care sector performance

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How did approved providers perform in relation to the requirements of the Aged Care Quality Standards?

Each of the Aged Care Quality Standards contains requirements to demonstrate that the Quality Standard has been complied with. Approved providers are expected to show how their approach enables them to meet these requirements at the service(s) they operate.

The figure shows most frequently cited Quality Standard requirements that were not complied with, ranked in descending order. It displays the number of times a decision of non-compliance was made in relation to the requirement of the Quality Standard. Non-compliance was most commonly found in the requirements to deliver safe and effective personal and clinical care, the number and mix of workforce and the effective management of high impact or high prevalence risks.

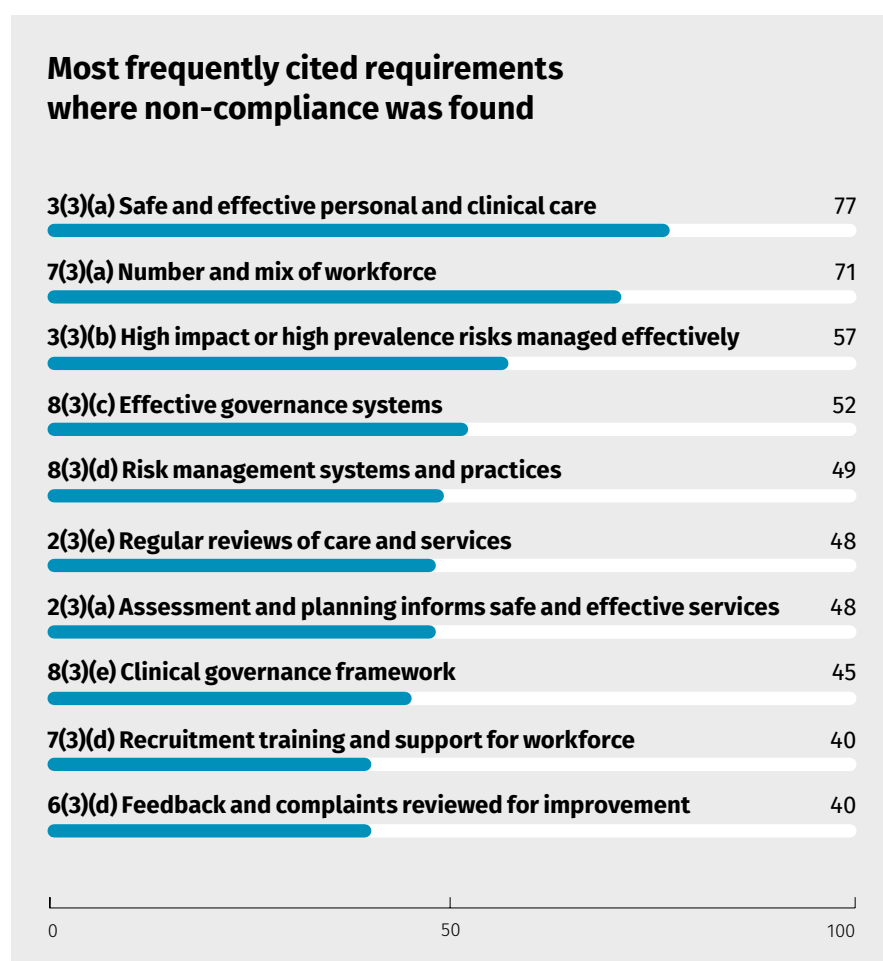


Figure 33. Top 10 requirements of the Aged Care Quality Standards where non-compliance was found

Residential care sector performance

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Non-compliance was found most often against Standard 3 of the Aged Care Quality Standards

The figure below shows non-compliance with the requirements of Quality Standard 3. The data is drawn from performance assessments and is shown as a percentage of decisions.

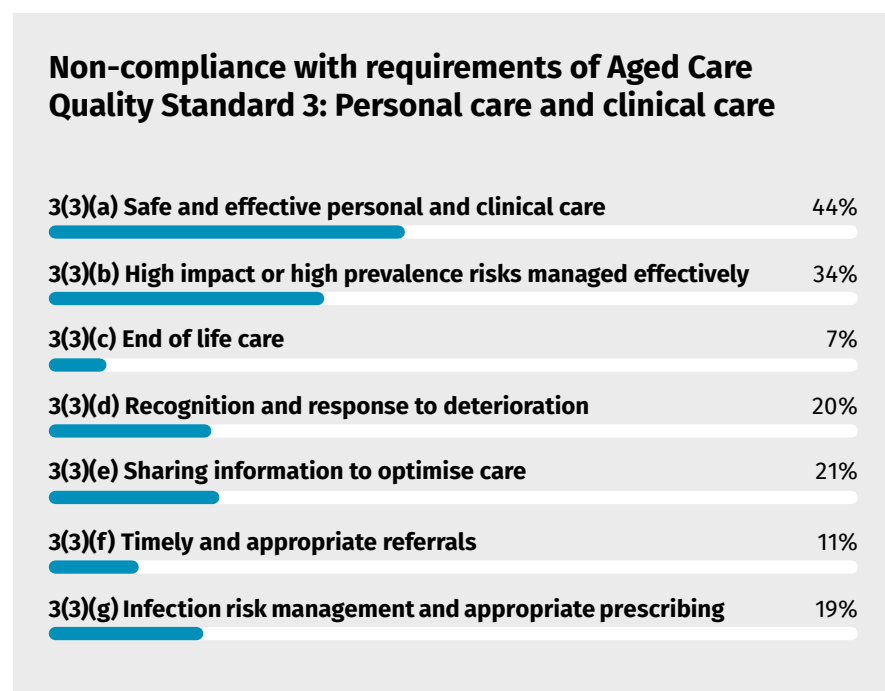


Figure 34. Non-compliance with requirements of Aged Care Quality Standard 3

Compliance and enforcement

How does the Commission respond to non-compliance?

The Commission has the power to take regulatory or enforceable action(s) where appropriate to address non-compliance with provider responsibilities. In determining a response to non-compliance by providers, the Commission takes into account the risk to the safety, health, wellbeing and quality of life of consumers, and the extent to which the provider will manage that harm.

Regulatory action

Regulatory action (as opposed to enforceable regulatory action) may be considered where risk to consumers is assessed as low to medium. This approach reflects the level of trust and confidence the Commission has in the provider's motivation and capacity to manage the risk and rectify non-compliance. It signals to the provider there has been a failure to meet responsibilities and encourages them to rectify the non-compliance and take action to sustain improvement.

Enforceable regulatory actions

In cases where the risk to consumers is assessed as medium to severe, or where a provider has failed to remedy non-compliance following regulatory action, the Commission may respond with enforceable regulatory action. This involves the use of a range of escalating regulatory powers that, if not complied with, can and will be enforced. Enforceable regulatory actions may range from use of compulsory information gathering powers through to issuing notices of non-compliance and applying sanctions, and ultimately revocation of provider approvals. Such actions are intended to compel the provider to take action to address quality and safety risks and to comply with its responsibilities as quickly as possible.

The Commission's Compliance and Enforcement policy is available on our [website](#). It provides more information about how we use our compliance and enforcement powers.

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How many times did provider non-compliance result in regulatory action (directions)?

Where the Commission is satisfied a provider is not meeting its responsibilities, it may issue directions describing the actions to be taken by the provider (and the timeframes within which those actions must be taken).

These directions may be about the provider's compliance with the Aged Care Quality Standards or in relation to a complaint. The Commission could take further action against the provider if it failed to comply with directions. The number of directions with regards to compliance with the quality standards increased to **72** this quarter compared with **50** last quarter, consistent with the increase in site audits.

The figure below shows the 5 most frequent reasons for issuing directions. Directions notices were most commonly related to delivery of safe and effective personal and clinical care.

Directions

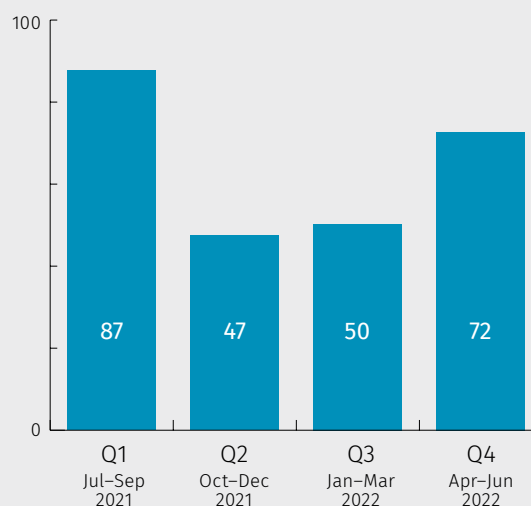


Figure 35. Number of directions by the Commission in the past 4 quarters

Requirements of the Aged Care Quality Standards most frequently cited in a direction



Figure 36. Requirements of the Aged Care Quality Standards most frequently cited in a direction

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How many times did provider performance result in enforceable regulatory action?

Where provider performance poses a medium to severe risk to quality and safety or where they have failed to remedy non-compliance after regulatory action, we may take enforceable regulatory action/s. Such actions are intended to compel the provider to take action to address quality and safety risks and to comply with its responsibilities as quickly as possible. Ultimately this can include revocation of provider approval and removal from the sector.

The figure below shows trends in enforceable regulatory actions over the past 4 quarters.

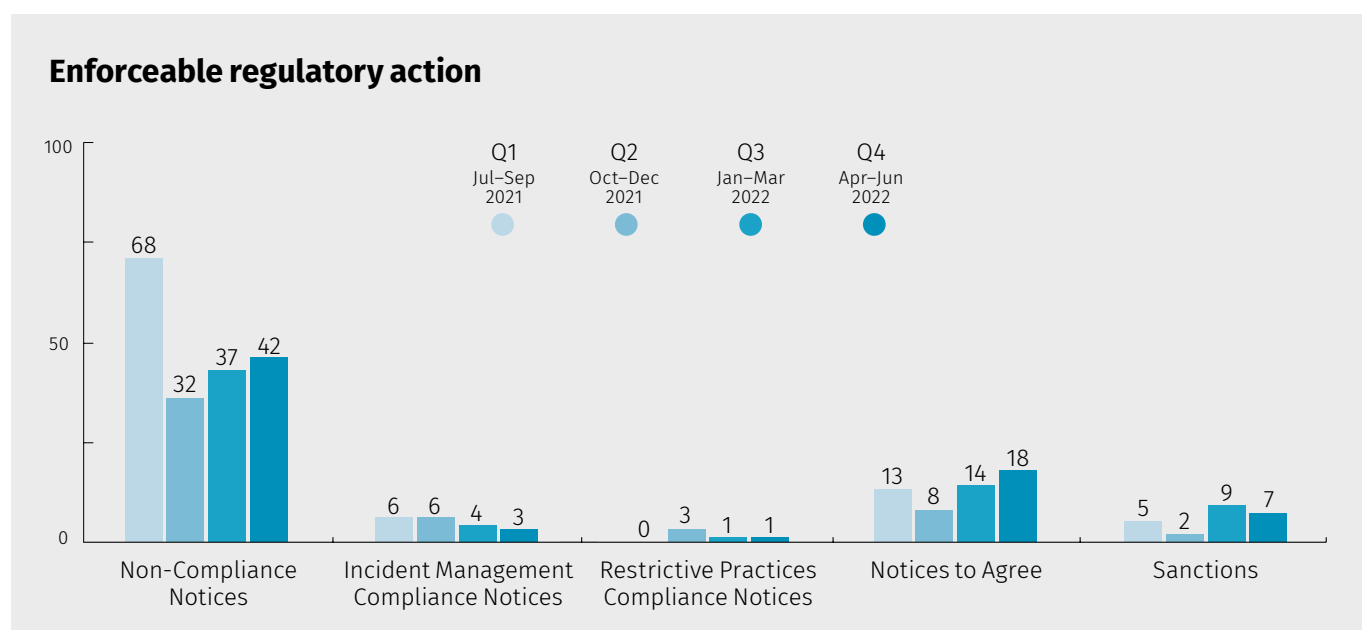


Figure 37. Number of enforceable regulatory actions by the Commission in the past 4 quarters

The table below shows the actions taken by the Commission in quarter 4, by state and territory. The regulatory activities leading to these actions may have occurred in preceding quarters.

Number of times provider performance resulted in enforceable regulatory action

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Incident Management Compliance Notices	0	1	1	1	0	0	0	0	3
Restrictive Practices Compliance Notices	0	1	0	0	0	0	0	0	1
Non-Compliance Notices	13	14	3	9	1	2	0	0	42
Notices to Agree	8	4	0	2	4	0	0	0	18
Sanctions	4	1	0	1	1	0	0	0	7
Total	25	21	4	13	6	2	0	0	71

Figure 38. Enforceable regulatory actions by state and territory in quarter 4

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Compliance Notices

The Commission may give an approved provider a Compliance Notice in relation to its incident management or restrictive practices responsibilities, where there is a risk of harm to consumers and the provider’s response is insufficient at the time the Notice is issued.

The Notice compels the provider to address actual or possible non-compliance within a reasonable time period. The Compliance Notice is designed to elicit an immediate and proactive response outside the Non-Compliance Notice and Sanctions pathways.

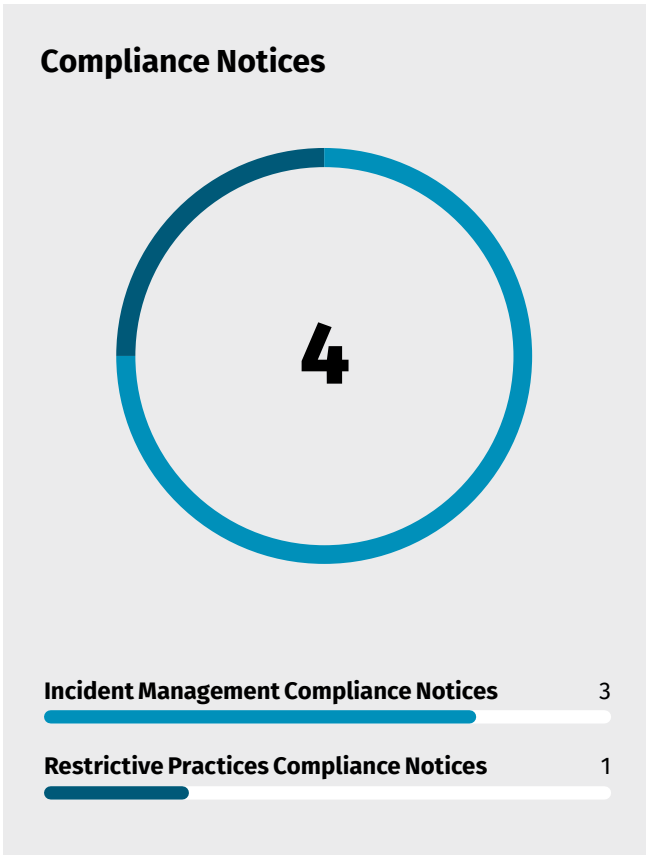


Figure 39. Number of Compliance Notices in quarter 4

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Non-Compliance Notices

A Non-Compliance Notice (NCN) may be issued to the provider if the Commission is satisfied that the provider is or has been non-compliant with one or more of its responsibilities under the Aged Care Act, but that the non-compliance does not pose an immediate and severe risk to the safety, health and wellbeing of consumers.

This notice signals to the provider the Commission's intention to impose sanctions with respect to the non-compliance, sets out actions the provider is required to take to remedy the non-compliance, and gives the provider the opportunity to make submissions prior to the decision-maker deciding to impose one or more sanctions.

If the Commission is satisfied with the provider's response to the NCN (for example, the response outlines the proposed action to remedy the non-compliance; or sets out an acceptable reason for the non-compliance; or is otherwise satisfactory) a Notice to Remedy (NTR) may be issued to the provider.

An NTR requires the provider to give to the Commission, within 14 days after receiving the NCN, an Undertaking to Remedy the non-compliance in the NCN.



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**Non-Compliance
Notices**

Figure 40. Non-Compliance Notices in quarter 4

Requirements of the Aged Care Quality Standards most frequently cited in a Non-Compliance Notice



The figure on the left shows the requirements of the Aged Care Quality Standards most frequently cited in Non-Compliance Notices issued to providers.

Figure 41. Requirements of the Aged Care Quality Standards most frequently cited in a Non-Compliance Notice

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Notices to Agree

In cases where the risk to consumers is assessed as high to severe and an approved provider's non-compliance has resulted in the Commission considering revoking its approval to deliver aged care, or the provider has failed to comply with an undertaking to remedy, the Commission may – in certain circumstances – first issue the provider a Notice of Requirement to Agree to Certain Matters (NTA).

An NTA may cite one or more requirements of the Aged Care Quality Standards, or other legislation. An NTA sets out actions a provider is required to take (including necessary timeframes). Should a provider fail to agree, their approval to provide Australian Government subsidised aged care may be revoked. **18** NTAs were issued this quarter – an increase of **4** over quarter 3.



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Notices to Agree

Figure 42. Number of Notices to Agree in quarter 4

Requirements of the Aged Care Quality Standards most frequently cited in a Notice to Agree



Figure 43. Requirements of the Aged Care Quality Standards most frequently cited in a Notice to Agree

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Sanctions

If the Commission is not satisfied with the provider's response to a Non-Compliance Notice or where there is immediate and severe risk, the Commission may also issue a Notice of Decision to Impose Sanctions. This notifies the provider, in writing, of the Commission's requirements for immediate action or decision to impose one or more sanctions on the provider. Sanctions require the provider to remedy its non-compliance promptly and are intended to protect consumers – both future and current.

In this quarter, **7** Sanctions were imposed on providers. These providers are not eligible to receive funding for new consumers for the period of the sanction.



Figure 44. Number of Sanctions in quarter 4

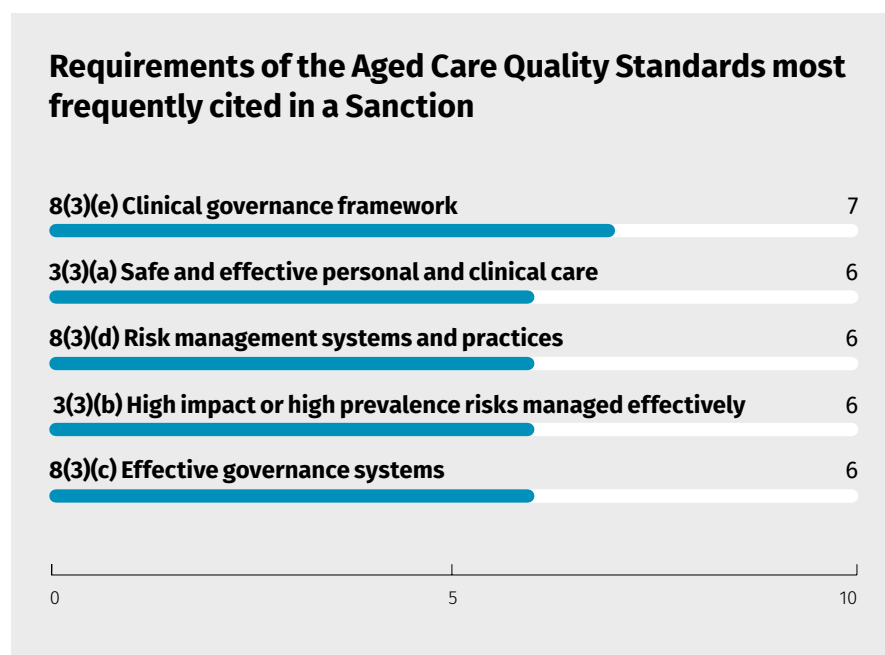


Figure 45. Requirements of the Aged Care Quality Standards most frequently cited in a Sanction in quarter 4

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Revocation decisions

In cases of serious non-compliance – that is, where the risk to consumers is severe or where a provider has failed to remedy non-compliance, or the provider is no longer suitable to provide aged care – the Commission may respond by revoking accreditation of a residential aged care service and/or revoking provider approval to provide aged care.

This level of regulation reflects a complete lack of trust in the provider's suitability to provide care. The consequence of revocation is cessation of Australian Government subsidies for the provision of care and services.

Where a provider's non-compliance is particularly serious, for example systematic, repeated, wilful or criminal, the Commission may expedite the provider's exit from the sector through issuing a revocation Sanction.

There were no revocation decisions in this quarter.

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Australian Government

Aged Care Quality and Safety Commission

Engage
Empower
Safeguard

Applications to become an approved provider

What were the outcomes of applications to be an approved provider of home care?

An application can be made for approval to provide home care, residential care, flexible care, or any combination of these care types.

In quarter 4, the Commission received **54** applications. Over the same period, the Commission approved **3** applications to become an approved provider of home care and did not approve **111** applications. Most applications that were not approved were received in quarter 2, when we had an unusually high number of applications in the period leading up to the introduction of an application fee that came into effect on 15 November 2021.

We assess applications to determine whether the applicant is suitable to provide aged care in accordance with the specific requirements of the *Aged Care Quality and Safety Commission Act 2018*. The high numbers of applicants not approved this quarter is indicative of the rigour of this process.

A further **10** applications did not proceed.

An application that did not proceed is one that was either:

- returned to the applicant as incomplete
- withdrawn.

Applications received

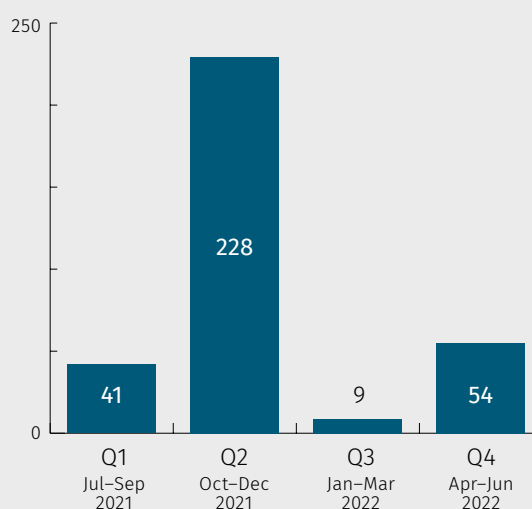


Figure 46. Number of applications received by the Commission in the past 4 quarters

Application outcomes

	Q1	Q2	Q3	Q4
Approved	2	4	4	3
Not approved	12	14	38	111
Did not proceed	11	53	6	10

Figure 47. Home care provider applications and approvals in the past 4 quarters
Application outcomes may relate to applications that were received in previous quarters

The outcomes of applications, for example, 'did not proceed' are counted for each type of care included in the application. Outcomes may relate to applications that were received in previous quarters.

Complaints

Low or high complaint numbers are not, by themselves, a measure of good or poor service delivery.

Under the Aged Care Quality Standards, all providers are required to have a complaints system in place to resolve complaints locally. A service with a positive complaints culture encourages feedback and uses it as an opportunity to improve service delivery.

A complainant may also or instead choose to lodge a complaint about a service with the Commission.

The Commission takes all complaints seriously and works with providers and consumers to resolve the matter. Complaints to the Commission inform our understanding of risk to consumers and can influence our regulatory activities.

There are over one million consumers of home services. This quarter, the Commission received **1,071** complaints about home services comprising **1,940** issues, a rate of 0.45 complaints per 100 consumers. The total number of complaints rose in quarter 3 compared with the previous two quarters.

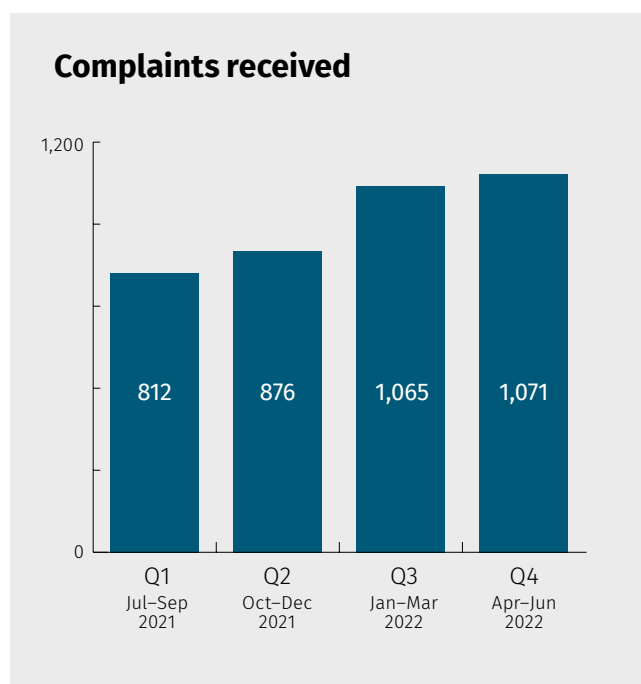


Figure 48. Home services complaints received in the past 4 quarters

While there are many drivers for complaints, this rise in complaint numbers is consistent with our increased engagement with providers and consumers since January 2022 through the quality monitoring program. As part of this process, consumers are given information about the complaints process. Concerns about financial issues accounted for 4 of the 10 issues most frequently complained about.

How many complaints were made in each state and territory?

This table shows the number of complaints made about home services (home care packages and Commonwealth Home Support Programme services) in each state and territory in quarter 4.

It also displays the total number of complaint issues (a complaint can be about more than one issue).

Complaints about home services

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	N/A	AUS
Complaints received	288	374	200	66	86	13	7	16	21	1,071
Number of issues	578	670	326	105	163	19	14	33	32	1,940

* N/A includes any complaint that does not have the geographical information assigned to it

Figure 49. Complaints by state and territory in quarter 4

Home services sector performance

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Who makes complaints?

The figure below categorises the home service complaints we received by type of complainant.

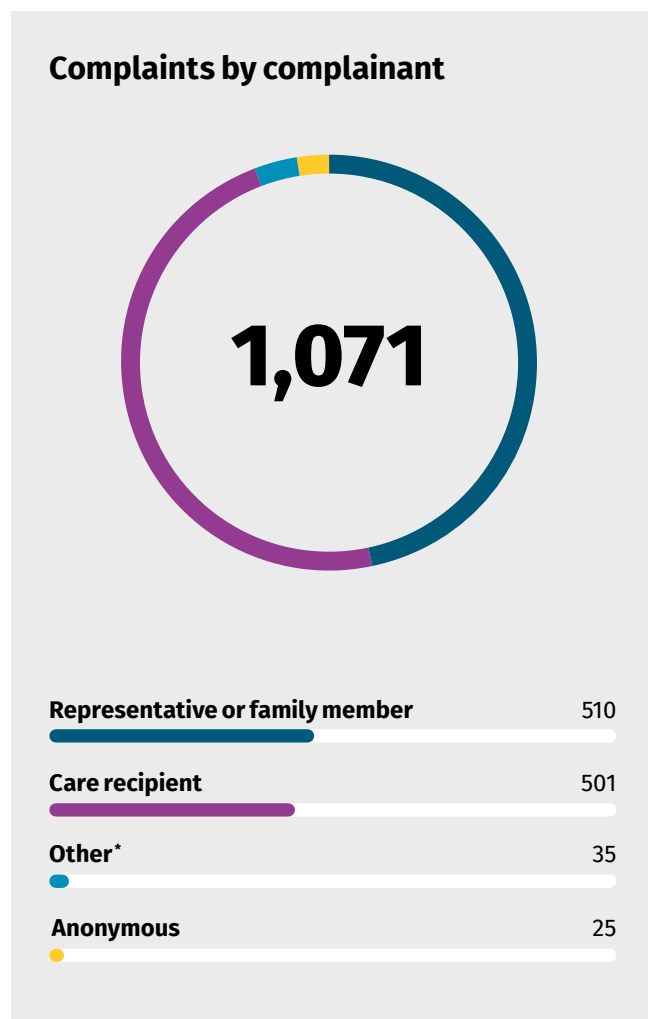


Figure 50. Complaints by complainant in quarter 4

* Other includes staff, external agency, media, internal referrals or provider

What are complaints about?

The figure below shows the top 10 home service complaint issues we received during quarter 4.

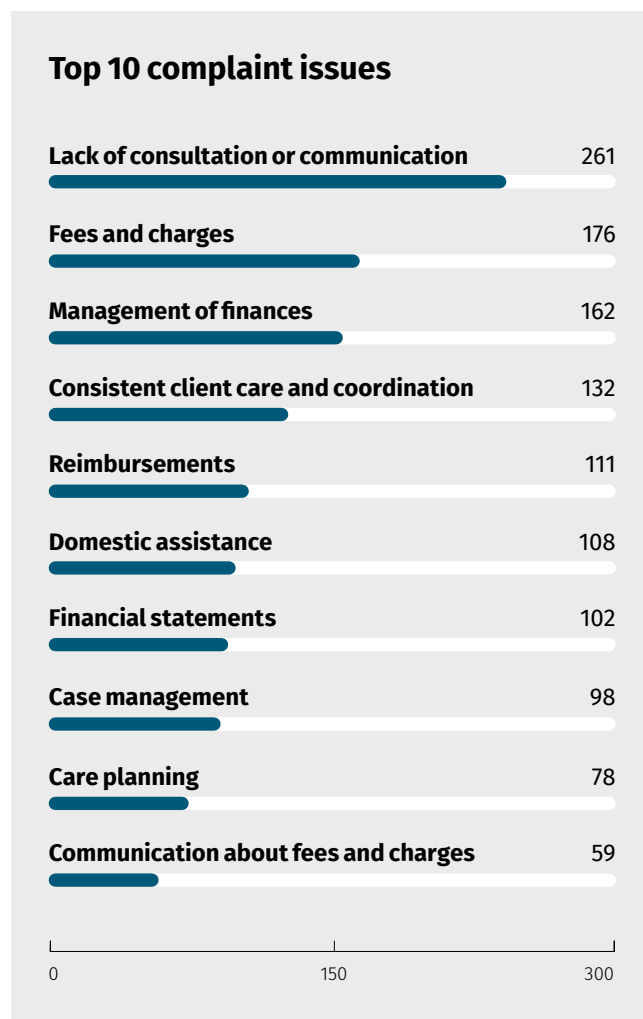


Figure 51. Top 10 complaint issues

Home services sector performance

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Finalised complaints

The Commission finalised **901** complaints about home services this quarter.

How were complaint issues finalised?

Before a complaint is finalised, the Commission talks to all parties to explain the Commission's findings and how the issues have been resolved. The Commission also provides written feedback in relation to all complaints, except where the complainant is satisfied to close the complaint and does not require a letter.

The figure shows the top 5 reasons for finalising complaint issues over the period.

The data includes complaints where all individual issues which make up the complaint have been resolved, so the complaint as a whole has been finalised.

Complaints resolved 'to the satisfaction of the complainant' indicate the person making the complaint is satisfied their issues have been heard and addressed.

Some complaints are not resolved 'to the satisfaction of the complainant' for reasons which do not necessarily mean that the complainant is not satisfied. These include anonymous complaints, and complaints which have been withdrawn.

Some issues are raised by complainants more than once, in one or more separate complaints.

Some issues raised by complainants may also be the subject of compliance or quality assessment and monitoring activities. Where an issue has been dealt with or is being dealt with in another complaint or through the Commission's regulatory activities, the Commission may finalise the issue.

How complaint issues were finalised

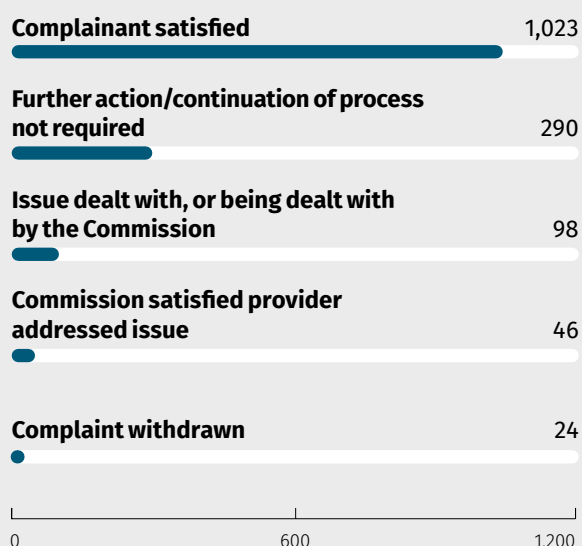


Figure 52. Top 5 reasons complaint issues were finalised

In some cases, having regard to all the circumstances, no further action in relation to an issue is required by the Commission. Complaint issues may be finalised in this way when, for example, the issue is not ongoing and there is no outcome that can be achieved by continuing the process.

Issues 'resolved to the satisfaction of the Commission' include those where the Commission concludes that the provider has met its responsibilities or has taken appropriate action to address the concerns. The Commission is satisfied the provider has met its responsibilities, but the complainant may remain unsatisfied.

Quality assessment and monitoring

How many quality assessment and monitoring activities were carried out?

We conduct quality reviews of home services to assess whether providers deliver their services in accordance with the Aged Care Quality Standards. We also conduct risk-based monitoring of the quality of care and services through assessment contacts.

A quality review is conducted at least once every 3 years. It is the process of reviewing the quality of home services delivered against all the Quality Standards. The process includes an on site quality audit, a quality audit report and a performance report.

The quality audit takes place at the premises of the home service provider. The Commission will generally give the service written notification of the date/s on which the quality audit will occur. This will include a form of words for telling consumers and their nominated representatives.

If the Commission considers, on reasonable grounds, that the home service provider is not complying with the Quality Standards, prior notification of the site visit is not required.

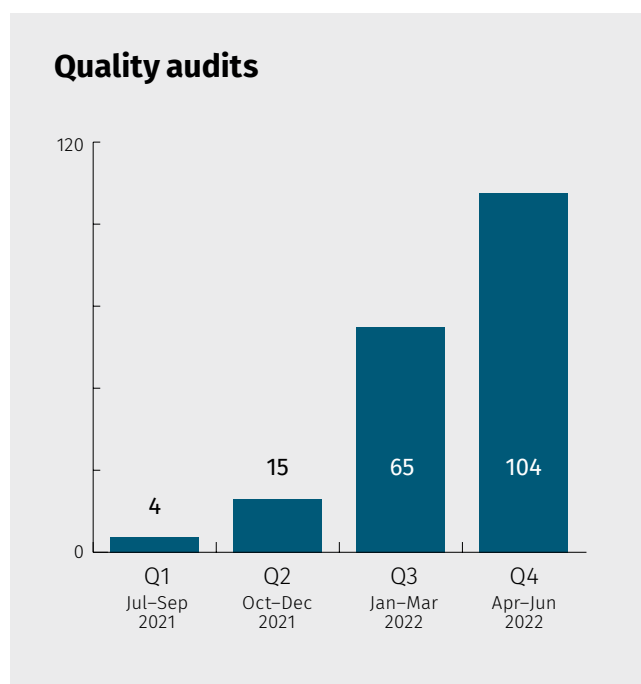


Figure 53. Quality audits in the past 4 quarters

Onsite quality assessment and monitoring activities by state and territory

With the increases in registered quality assessors, the quality review program for home services has continued to gather momentum. This quarter, the Commission conducted **104** quality audits compared with **65** in quarter 2 (see figure 53). For the first 6 months of calendar year 2022, the Commission conducted **169** quality audits, an increase of **150** over the previous two quarters. We also monitor the quality of care and services through assessment contacts. Consistent with this increased activity, the number of services found to be non-compliant more than doubled from **20** to **41** this quarter (see figure 57).



Figure 54. Quality audits for home services by state and territory in quarter 4

Number of assessment contacts and quality audits by state and territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Total assessment contacts	5	6	5	2	0	0	0	0	18
Quality audits	21	29	30	7	9	4	0	4	104

Figure 55. Quality assessment and monitoring home services in quarter 4

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How did providers perform in relation to each of the Aged Care Quality Standards?

A provider of care may operate one or more services. The Commission found non-compliance in relation to **41** services this quarter. A provider can be found non-compliant with more than one Quality Standard at a service.

41

Services where non-compliance was found



Figure 56. Services found non-compliant with the Quality Standards in quarter 4

Services where non-compliance was found

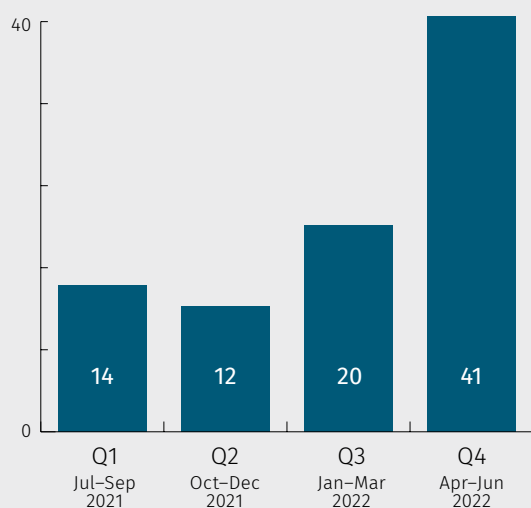


Figure 57. Total number of home services where non-compliance with the Aged Care Quality Standards was found in the past 4 quarters

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The figure below shows whether the non-compliance was with very few, some, or many/all of the requirements of each Quality Standard.[†]

The 3 standards most commonly not met during the quarter were Standard 2 (ongoing assessment and planning with consumers), Standard 8 (organisational governance) and Standard 7 (human resources).

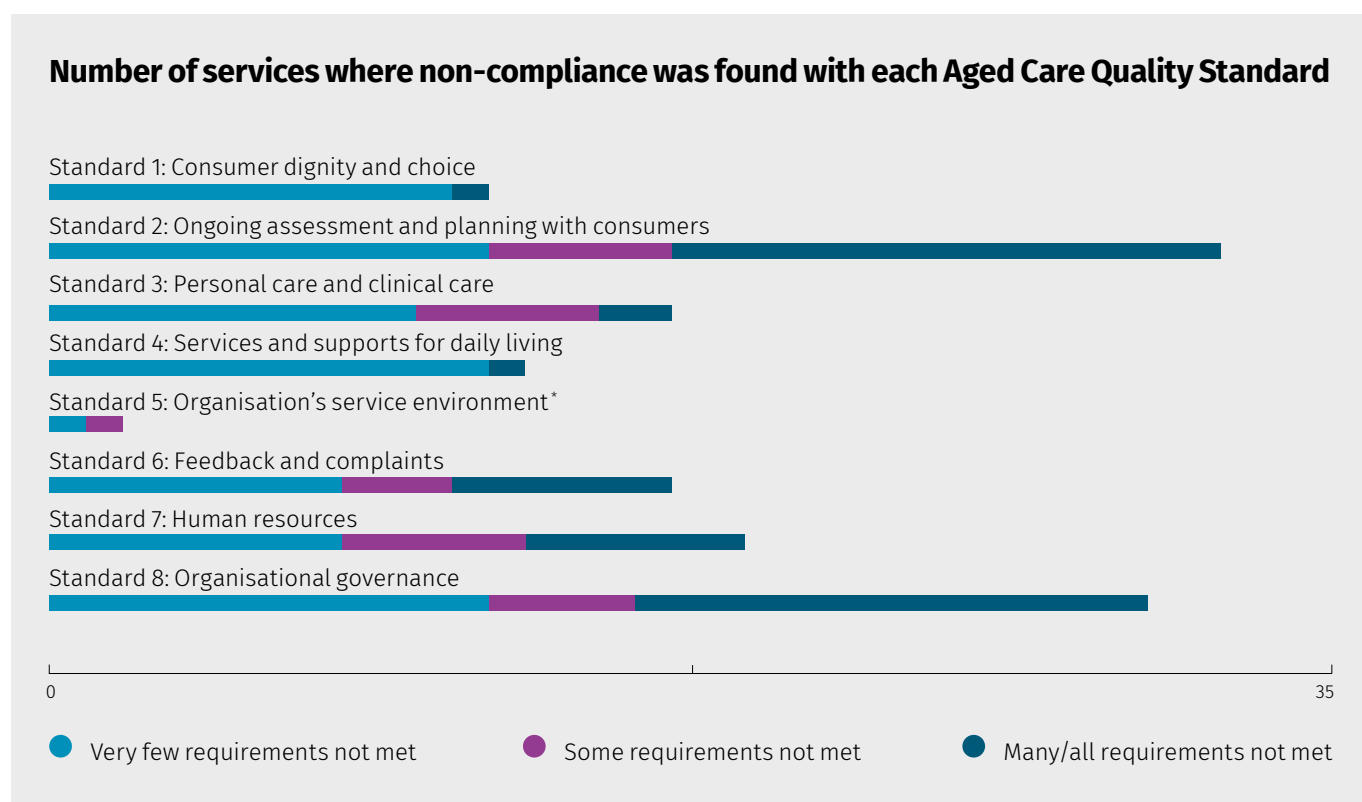


Figure 58. Number of services where non-compliance with the Aged Care Quality Standards was found in quarter 4

[†] See Note on definitions ([page 51](#)) for an explanation of very few, some, or many/all

Non-compliance with one requirement means that Quality Standard will not be met. An approved provider can be found non-compliant with more than one Quality Standard at a single service

* Quality Standard 5 applies to the physical service environment that the organisation provides for residential care, respite care and day therapy centres. It does not apply to home services where the environment is the consumer's home. It also does not apply to other environments that consumers visit, such as bowling clubs or libraries

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How did providers perform in relation to the requirements of the Aged Care Quality Standards?

Each of the Aged Care Quality Standards contains requirements to demonstrate that the Standard has been complied with.

Providers are expected to show how their approach enables them to meet these requirements.

The figure shows most frequently cited Quality Standard requirements that were not complied with, ranked in descending order.

It displays the number of times a decision of non-compliance was made in relation to the requirement of the Quality Standard.

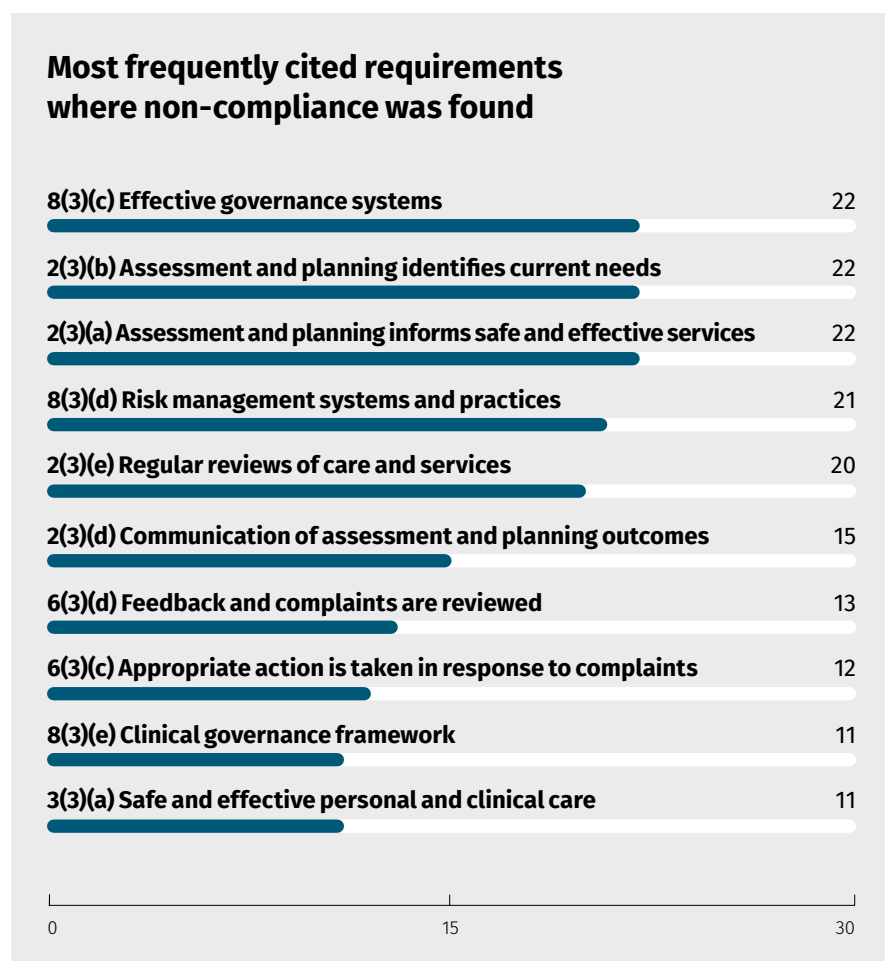


Figure 59. Number of times non-compliance was found with the requirements of the Aged Care Quality Standards (top 10) in quarter 4

Compliance and enforcement

How does the Commission manage non-compliance?

The Commission applies a risk based, transparent and proportionate approach when responding to non-compliance. Further information about the Commission's regulatory actions and enforceable regulatory actions can be found in the [Residential care section](#) of this report.

How many times did provider non-compliance result in regulatory action (directions)?

The figure below shows the number of directions notices issued by the Commission over the reporting period. The data shows directions to revise a plan for continuous improvement, categorised by state and territory. There were no complaints directions in this period.

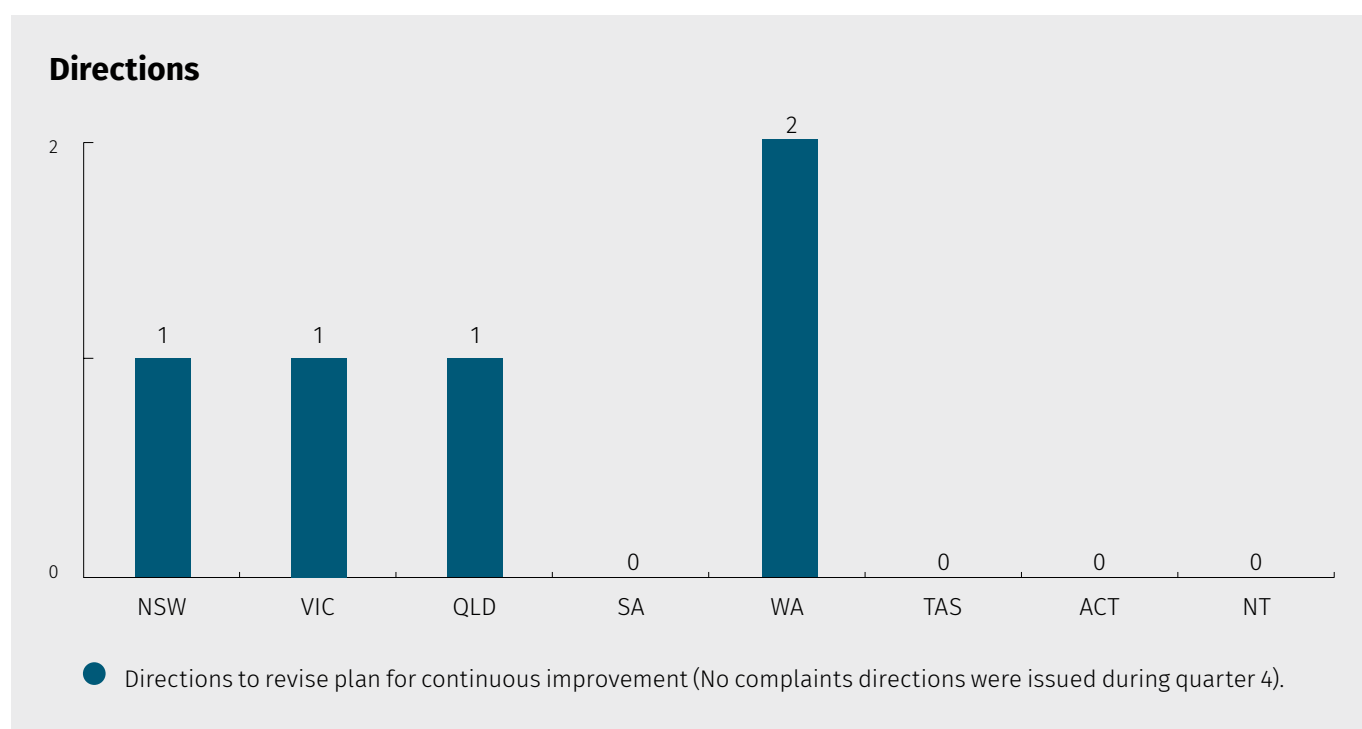


Figure 60. Number of directions issued to approved providers

Home services sector performance

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Figure 61. Number of directions

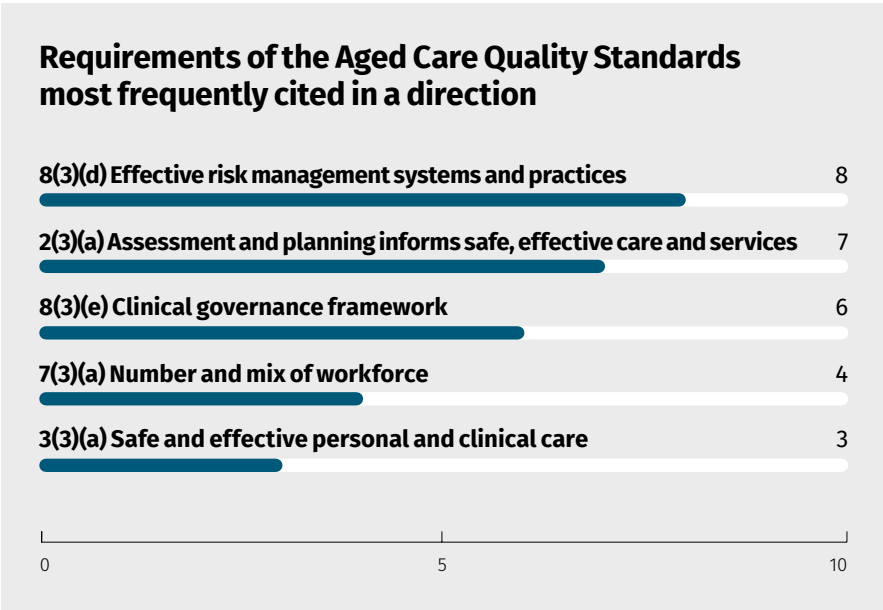


Figure 62. Number of services subject of directions

How many times did provider non-compliance result in enforceable regulatory action?

The figure below shows trends in enforceable regulatory actions over the past 4 quarters.

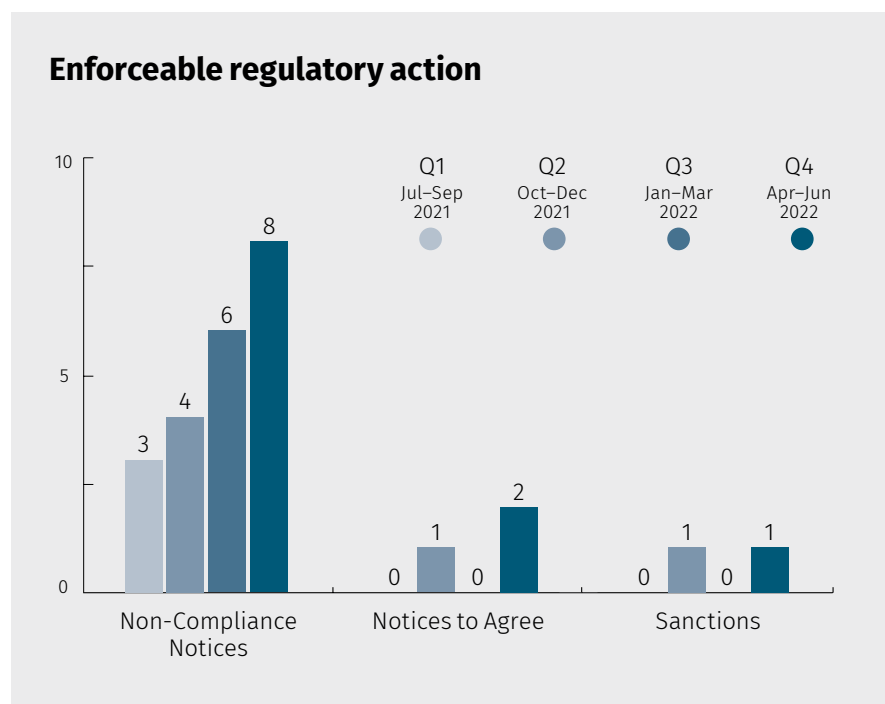


Figure 63. Number of enforceable regulatory actions by the Commission in the past 4 quarters

The table below shows the actions taken by the Commission in quarter 4, by state and territory.

Enforceable regulatory action

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Non-Compliance Notices	0	2	1	2	2	0	0	1	8
Notices to Agree	0	1	1	0	0	0	0	0	2
Sanctions	0	1	0	0	0	0	0	0	1
Total	0	4	2	2	2	0	0	1	11

Figure 64. Enforceable regulatory actions

Home services sector performance

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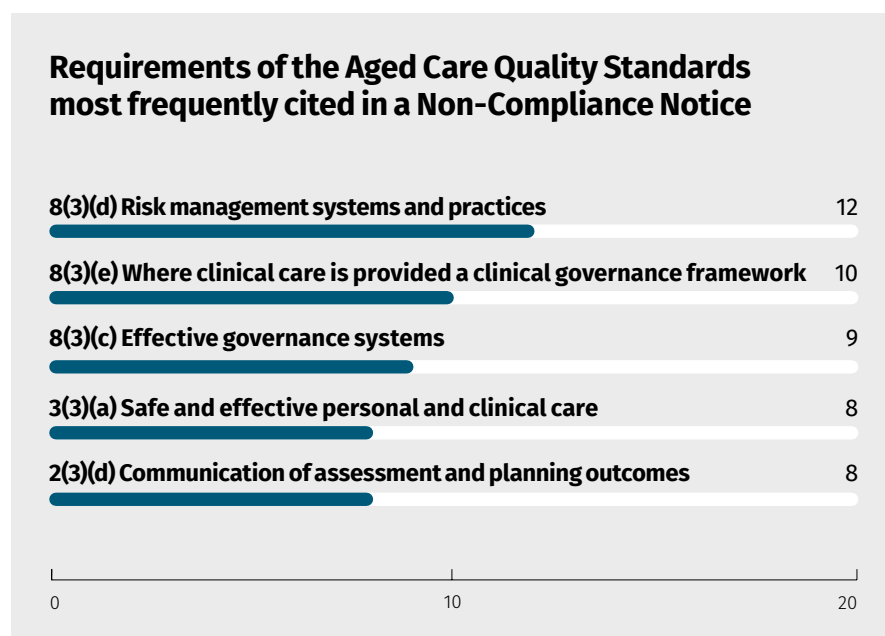


Figure 65. Requirements of the Aged Care Quality Standards most frequently cited in a Non-Compliance Notice

Sanctions

If the Commission is not satisfied with the provider's response to a Non-Compliance Notice or where there is immediate and severe risk, the Commission may also issue a Notice of Decision to Impose Sanctions. This notifies the provider, in writing, of the Commission's requirements for immediate action or decision to impose one or more sanctions on the provider.

Sanctions require the provider to remedy its non-compliance promptly and are intended to protect consumers – both future and current.

One sanction was issued this quarter. The provider is not eligible to receive funding for new consumers for the period of the sanction.

Revocation decisions

There were no revocation decisions in quarter 4.



Figure 66. Number of sanctions in quarter 4



Note on definitions

The terms 'very few', 'some', 'many/all' reflect the proportion of requirements not met within each Quality Standard. As the number of requirements in each Standard varies, the proportions are determined according to the table below.

Number of requirements not met	Number of requirements in each Quality Standard				
	Standard 5	Standard 6	Standards 2, 7, 8	Standard 1	Standards 3, 4
	3 requirements	4 requirements	5 requirements	6 requirements	7 requirements
1	Very few	Very few	Very few	Very few	Very few
2	Some	Some	Some	Very few	Very few
3	Many/all	Many/all	Many/all	Some	Some
4		Many/all	Many/all	Many/all	Some
5			Many/all	Many/all	Many/all
6				Many/all	Many/all
7					Many/all

The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.



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